**Eklavya Brochure On Community Involvement In Mental Health Care**

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What is Social Psychiatry?

 **Social psychiatry is a branch of psychiatry that studies how the social environment impacts mental health and mental illness. It applies a cultural and societal lens on mental health by focusing on mental illness prevention, community-based care, mental health policy, and the societal impact of mental health. It is closely related to cultural psychiatry and community psychiatry.**

Social psychiatry research is interdisciplinary by nature. It takes an epidemiological research approach and involves collaboration between psychiatrists and social scientists across sociology, anthropology, and social psychology. It has been particularly associated with the development of community-based care and **therapeutic communities (like that of town of Geel in Belgium)**, and emphasizes the effect of socioeconomic factors on mental illness. Social psychiatry can be contrasted with biological psychiatry, which focuses on genetics, brain neurochemistry and medication.

**Social psychiatry has influenced social policies and social movements all over the world, including the era of deinstitutionalization and the community mental health movement.**

What is Community Psychiatry?

 **Community psychiatry is a specialized field of psychiatry that focuses on treating mental illness in the community, rather than in a hospital. It aims to provide individualized care within a comprehensive system of community services.**

 Community psychiatry means providing community mental health services to the persons and families with mental illness within the community **using community resources**.

 Community psychiatry is based on the idea that the least restrictive alternative is preferable to hospital admission. It involves:

• Developing environmental resources

• Providing a multidisciplinary team

• Providing treatment, rehabilitation, and support services

• Providing case management

• Providing community-based treatment and rehabilitation.

 Community psychiatry is focused on **preventing and treating mental illness in populations that are exposed to harmful bio-psycho-social factors**. Community psychiatrists also provide crisis care to people facing traumatic events in their lives and are also victims of natural calamities, wars, war-like situations, communal violence, social conflicts and upheavals. etc.

 **In India**, community psychiatry refers to the **establishment of new services and programmes in the community**. This is because many developing countries, including **India**, does not have enough institutions to care for the mentally ill and have only meagre number of trained, qualified and accredited mental health professionals to cater to the mental health needs of vast populations of those countries.

What is Cultural Psychiatry?

 **Cultural psychiatry is a branch of psychiatry that studies how culture influences the presentation and treatment of mental disorders. It also addresses social issues like poverty, violence, and inequality.**

 **Cultural psychiatry has evolved in three main ways**:

• Cross-cultural studies: Comparing psychiatric disorders and traditional healing across cultures

• Meeting the needs of diverse populations: Addressing the mental health needs of immigrants, refugees, and indigenous peoples, various tribes, “adivasis”, traditional forest dwellers, etc.

• Studying psychiatry as a cultural product: Analysing psychiatry as a product of a specific cultural history

 **Cultural psychiatry can help clinicians and researchers:**

• Become aware of the limitations and hidden assumptions of current psychiatric theory and practice

• Identify new approaches to treating diverse populations

• Understand the cultural processes that affect therapy

The Changing Focus in the Mental Healthcare:

**Reform movement Era Setting Focus of reform**

Moral Treatment 1800–1850 Asylum Humane, restorative treatment

Mental Hygiene 1890–1920 Mental hospital or Prevention, scientific orientation

 Out-patient clinics

Community Mental 1955-1970 Community Mental Deinstitutionalization, social integration Health Centres

Community Support 1975–present Communities Mental illness as a social welfare problem (e.g. treatment, housing, employment, income generation, Budget for mental health, etc.), Self-help groups, Support groups, Crises-interventions, Trained Volunteer Lay Counsellors, Involvement of the community in Mental Health Movement and treatment, rehab. etc.

Why Is It Important To Develop Community Mental Health Services?

 **Community mental health services (CMHS)** support or treat people with mental disorders (mental illness or mental health difficulties or issues) **in a domiciliary setting**, instead of a psychiatric hospital (asylum). The array of community mental health services varies depending on the country in which the services are provided. It refers to a system of care in which **the patient's community**, not a specific facility such as a hospital, **is the primary provider of care for people with a mental illness**. The goal of community mental health services often includes much more than simply providing outpatient psychiatric treatment. **It is important that for developing a successful CMHS, everyone in the community is involved as service provider as well as service user.** Thus, it is important that the whole community is involved in this **mental health movement** and this movement needs to become **people’s movement** and it should **not** remain a movement of qualified mental health professionals, though they may take the initial initiative. The movement is to be carried on by people themselves and not by specialists, if this movement has to succeed. All decisions have to be taken by people themselves.

 Community services include supported housing with full or partial supervision (including halfway houses), psychiatric wards of general hospitals (including partial hospitalization), local primary care medical services, day centres or clubhouses, community mental health centres; and self-help groups and support groups for mental health. The services may be provided by government organizations and mental health professionals, including specialized teams providing services across a geographical area, and early psychoses teams and teams providing assertive community treatment [Assertive community treatment (ACT) is for people with severe mental health conditions, like schizophrenia, mood and autism spectrum disorders. A team of specialists will offer a range of home-based treatment and support services to better integrate you into your community.] They may also be provided by private or charitable organizations, Non-Governmental Organizations (N.G.Os) comprising of their network of volunteer mental health workers and trained lay counsellors. These groups may be based on peer and caregiver support and on the consumer/survivor/ex-patient/advocacy movements.

 **The World Health Organization** states that community mental health services are more accessible and effective, lessen social exclusion, and are likely to have fewer possibilities for the neglect and violations of human rights that were often encountered in mental hospitals. However, WHO notes that in many countries, the closing of mental hospitals has not been accompanied by the development of community services, leaving a service vacuum with far too many not receiving any care. **In India** apart from nearly fifty Government-run Mental Hospitals, and private psychiatric clinics, Community Mental Health Services are not developed except in a few places, number of which can be counted on finger tips. In 1964, a weekly community mental health service was started as part of the Comprehensive Rural Health Services Project (CRHSP), in **Ballabgarh**, by the All-India Institute of Medical Sciences (AIIMS), New Delhi. This was followed by establishment of two important community mental health services in the late seventies. WHO funded the project at **Raipur Rani** in Haryana under the aegis of the Postgraduate Institute of Medical Education and Research (PGIMER), Chandigarh. Further community mental health services were introduced in **Sakalwada**, Karnataka, under the aegis of the National Institute of Mental Health and Neurosciences (NIMHANS), Bangalore. These programs were the forerunners of the **District Mental Health (DMH) and National Mental Health Programmes (NMHP) in India**, which now includes community clinics in primary health centres (PHCs), supported by mental health professionals at district level, training of medical and multipurpose health workers, school mental health initiatives, home-based follow-up services by nurses and organization of psychiatric ‘camps’.

 There are quite a few **Non-Governmental Organizations (NGOs)** working in the field of mental health in India. They have adopted innovative approaches to provide mental healthcare services in the community particularly for downtrodden people in society. They also try to reach populations who do not have access to such services. This is being done with limited resources, personnel and mostly with volunteers. These are: Sangath, The Banyan, Sneha, Snehi, SCARF, Richmond Fellowship Society, Nav-Uday, Ashwini, Ashagram, Eklavya Foundation for Mental Health, Dr Bharat Vatwani’s Shraddha Rehabilitation Foundation, T.T.K. Ranganathan Trust, Malappuram Initiative, Maitra, Ashadeep, Karuna Trust, Ashadeep Mission, Neptune Foundation, Iswar Sankalpa, Paripurnita, Udavam Ullangal (Vellore), Raphael, Sarthak, Manas, Roshni, NAMI, Prayas, Institute of Psychological Health (IPH), Sumaitri Voluntary Organization, Sanjivini Society for Mental Health, Anchal, Ashray Adhikar Abhiyan, Sudhinalaya, Earth Saviour Foundation, etc., **to name a few**. Their effort in community mental health work, their networking and research are worthy of praise and of the support of people interested in improving mental health in the community and in the nation and of doner agencies, including agencies of corporate social responsibility. **The greatest asset of people working in these N.G.Os is their dedication, empathy and compassion, which seem to be more important than academic qualifications to work in the field of mental health; or, for that matter, in any type of social work.**

 According to **Dr. R. Thara of SCARF** and **Dr. Vikram Patel of Sangath,** the role of NGOs in advancing mental health globally is multifaceted and indispensable. From grassroots awareness campaigns to advocating for policy change, these organizations are at the forefront of the battle against the stigma surrounding mental health. As we strive for a more compassionate and understanding world, the efforts of NGOs serve as a beacon of hope, fostering **a global perspective that prioritizes mental well-being for all**. Many Indian and the world authorities working in the fields of social psychiatry and community mental health concur.

 An estimated 150 million (15 Crore) people have **severe mental disorders** **in India**, and majority of the population have either no or limited access to mental health services. Thus, the country has a huge burden of mental disorders, and there is a significant treatment gap. Public mental health measures have become a developmental priority so that sustainable gains may be made in this regard. **The National Mental Health Program (NMHP)** was launched in 1982 as a major step forward for mental health services in India, but it has only been able to partially achieve the desired mental health outcomes. Despite efforts to energize and scale up the program from time to time, progress with development of community-based mental health services and achievement of the desired outcomes in India has been slow. Public health measures, along with **integration of mental health services in primary healthcare systems**, offer the most sustainable and effective model given the limited mental health resources. The main barriers to this integration include already overburdened **primary health centres (PHCs)**, which **face the following challenges**: limited staff; multiple tasks; a high patient load; multiple, concurrent programs; lack of training, supervision, and referral services; and non-availability of psychotropic medications in the primary healthcare system. These, thus, make it mandatory to have a fresh look at implementation of the **NMHP**, and to decide whether there is a need for alternative community mental health delivery systems to the **NMHP** (or in addition to **NMHP**) with a focus on achieving more sustainable improvements in the nation’s mental health in a timely manner.

  **The National Tele Mental Health Programme**, through its initiative Tele MANAS, has made remarkable strides in enhancing mental health care accessibility across India. Over 14.7 Lakh calls have been served in two years (2022-24), **Transforming Mental Healthcare Accessibility to some extent**. By leveraging technology and a structured support system, the program has effectively addressed the pressing mental health needs of the population, particularly in underserved areas. The wide array of services offered, including tele-counselling, tele-consultation, and referral services, has enabled millions to seek help without barriers of distance or cost. As Tele MANAS continues to evolve with the introduction of the mobile app and video consultations, it is poised to further enrich the mental health landscape in India. The recognition from global health authorities underscores its innovative approach and impact on mental health outcomes. The journey of Tele MANAS exemplifies a commitment to ensuring that mental health care is not just a privilege for some but a fundamental right for all, fostering a healthier and more supportive society. As it enters its third year, the program stands as a testament to the importance of collaborative efforts in addressing mental health challenges and promoting well-being across the nation. The effectiveness of this approach needs to be studied in detail using statistical analysis.

  **India’s current population** is 1.43 billion (143 Crore). According the **National Institute of Mental Health and Neuro-Sciences, Bengaluru’s National Mental Health Survey (2016), the prevalence of major mental disorders is 10.56% currently.** Thus, there are about **150 million (15 Crore)**, persons with severe mental disorders in India. There are another **150-200 million (15-20 Crore) persons with mild mental disorders or with some mental health issues** in India. There are only about **10,000 qualified and trained mental health professionals in India** to look after the mental health needs of these **300-350 million (30-35 Crore)** persons. It is quite obvious that this meagre number of trained, qualified and accredited mental health professionals cannot look after such a huge number of the mentally ill in the community and hence the **treatment gap** is tremendous. The treatment gap is the percentage of people who have a disease or disorder and need treatment but do not receive it. The treatment gap is a common way to measure unmet needs in mental health. It's often used in low- and middle-income countries. However, some say that the term **"treatment"** can be interpreted to mean **only biomedical treatment**, which excludes **other effective interventions**. In mental illnesses, **the treatment gap** is very high. **The National Mental Health Survey (2016)** estimates it to be between **70% and 92%** for different disorders. For common mental disorders, it is higher (85%), while for severe mental disorders, it is lower (73.6%). This means that around 74% persons with severe mental disorders and 85% persons with mild mental disorder do not receive **biomedical treatment** though they have diagnosable mental disorder/disorders. According to the **National Alliance on Mental Illness**, 33.5% of the U.S.A. adults with a serious mental illness and 53.8% of the U.S.A. adults with a mental illness received no treatment for it in the year 2020. The treatment gap in mental illness, thus, seems to be universal phenomenon.

 **In spite of most of the efforts discussed above, in India, the unmet needs for dealing with mental disorders and mental health issues in the community are tremendous and the only dependence on bio-medical model is not going to be of great help, as experience so far has shown.** It is becoming increasingly clearer that there **have to be alternative mental-health-delivery systems** at the personal, family, community and at the national levels. These need to be **developed, researched into and vigorously implemented; with emphasis on prevention of mental ill-health and promotion of mental health by means of various interventions** at these levels. These interventions will certainly yield handsome results, if implemented proactively and if whole of the population of our nation is involved in this mental health movement.

 **Prof. Norman Sartorius, Former Director of Mental Health Division of World Health Organization (WHO**), stated ***“In many countries, as much as one third to one half of all mental and neurological disorders could be averted by primary prevention measures. Preventive activities in the field of mental health could be carried out even in very poor countries”.*** If in India we can prevent 30% to 50% mental disorders in a mentally ill population of 300-350 million (30-35 Crore), it will be a great step forward. For such preventive activities the whole of the population needs to be involved and it has to become a people’s mass movement. For this to happen we require a **“Mental Health** **Literate Society”** and **the subject of mental health needs to become an integral part of curricula from the nurseries, primary schools, secondary schools, junior and senior colleges, professional colleges, Universities and other institutions of higher learning.**

 **In Community mental health services (CMHS), professional psychiatric help will be required only** **1)** when a person already has a mental disorder or has many social problems or has had childhood trauma or adverse childhood experiences [please refer to these under that section in the forthcoming Eklavya Manual for the Mentally Ill (Shubharthies) and Caregivers (Shubhankars)]; **2)** when there are problems in eating, sleeping, personal care or day-to-day functioning and activities; and **3)** when a person has suicidal ideas or when he/she is suspicious. The rest of all mental health and stress-related issues can be, and will have to be managed by lay people. **Thus, only about 5% of persons with mental health issues will require professional psychiatric help and remaining 95% of person with mental health issues can be managed by lay people.** This brochure is written to give a few proper guidelines for lay people to manage a vast majority of mental health issues in the community. For this purpose, India needs to become a mental health literate society with some basic knowledge about common mental disorders and their management. The role of preventing common mental symptoms such as like worry, nervousness, irrational fears (phobias), lethargy, low mood, poor sleep in the general population from becoming mental disorders by various appropriate interventions at the personal, family, community and national levels cannot be overemphasized**. It is duty of each citizen to learn about these extremely useful interventions and use them in his/her daily routine**. This will certainly reduce the incidence and prevalence of various mental and also some physical disorders and lifestyle diseases, or even of mental health issues (not amounting to a mental disorder) faced by common people in our nation. **Mental Health Is Indeed Our Nation’s Wealth**. The improvement in the mental health of the nation will certainly improve the national economy. The community also need to be involved in community aftercare and community-based rehabilitation of the mentally ill. The mentally ill should have full participation and human rights in the community such as those without mental disorder would have and there should be no stigma or discrimination for being mentally ill. **For this to happen, the whole nation needs to change her outlook towards the mentally ill and also towards mental health.**

 If the above-mentioned strategies have to work, it is very important to create awareness about mental disorders and mental health among the general population. Without such awareness and the active participation in the community, none of these strategies to provide mental health services to the vast majority of persons with mental disorders or mental health issues is going to be helpful for the mentally ill and their family members (caregivers). **The mentally ill persons and their caregivers are, or should be, very important stakeholders in the treatment programmes and without their active participation, treatment is less likely to be effective.** Right from the beginning of our clinical practice in 1974, we realised that if the treatment is to be successful, the contribution of the scientific and evidence-based treatment to the improvement in mental disorders is one-third, the effort of his/her family members is one-third and effort of the mentally ill is equally one-third**.** Ithasbeen a long-time conviction of the authors that **supplying factual and scientific information to the mentally ill and his/her family regarding the type of illness/illnesses the patient is suffering from and treatment thereof, is or should be, an integral and important part or treatment of any illness, either physical or mental**. The families of the patients can **develop skills for the care of their mentally ill**, only if they are clear about how they can participate in the treatment programme. Providing such information will also demystify mental disorders, and thereby **reduce the stigma and discrimination** attached to mental disorders and the mentally ill in our society. This is something like taking psychiatry to the public.

 **World Health Organization** has emphasized the need for the informational support to them in the **World Health Report 2001**, edited by **Prof. R. Srinivasa Murthy**. According to this report following are the **informational, medical, family, social, psychological, rehabilitation and spiritual needs** of people with mental disorders as shown in the following diagram (the only central picture of the family is modified to suit the Indian situation):

 

 Unless the family members and the mentally ill persons are given information about mental disorders and mental health, will they be able to recognise the presence of mental disorder/disorders in early stage/s and are able to participate meaningfully in the treatment programmes? **Bibliotherapy** is one of the ways of obtaining such information from written scientific material or from scientific websites in the internet. It is also a responsibility of the **treating psychiatrist** to provide this information to the mentally ill and their caregivers. Unless these stakeholders are also made aware of various **interventions** that can be used **for prevention of mental ill-health** and **for the promotion of mental health,** will they be able to utilize these effective measures in their fight with mental ill-health? If they do not use these interventions at the personal, family, community and at the national levels, the **incidence and prevalence of mental disorders cannot be brought down** **in India.** As stated earlier, **Prof. Norman Sartorius**, Former Director of the Mental Health Division of the World Health Organization (WHO) says: ***“In many countries, as much as one third to one half of all mental and neurological disorders could be averted by primary preventive measures. Preventive activities in the field of mental health could be carried out even in very poor countries”***. Prevention and Health-Promotion are biggening to appear in the mental health strategies of the WHO and of many countries in recent years. **It is high time that India** **also formulates its policies and laws to improve mental health and a feeling of well-being in its population**, **and implement these policies and laws proactively and in equitable manner, if our nation’s mental health is to be improved.**

Apart From Bio-medical Treatments, Can There Be Other Psycho-Social-Cognitive-Behavioural-Mindfulness and Spirituality Based Treatment Models, And Interventions For The Prevention Of Mental Ill-Health And For The Promotion Of Mental Health?

 There are many approaches starting from self-help groups. Possibly the **Alcoholics Anonymous (A.A.)** was the first self-help group that came into existence in 1935. Of individual therapy groups, researchers distinguish between Behaviour Control groups (such as Alcoholics Anonymous) and Stress Coping groups (such as mental health support groups, cancer patient support groups, and groups of single parents). German researchers refer to Stress Coping groups as Conversation Circles. When it came to mental disorders, **Recovery, Inc.** was founded in Chicago, Illinois, in **1937** by psychiatrist **Abraham Low** using principles in contrast to those popularized by psychoanalysis. During the organization's annual meeting in 2007 it was announced that Recovery, Inc. would thereafter be known as **Recovery International**. Recovery International is open to anyone identifying as "nervous" (a compromise between the loaded term neurotic and the colloquial phrase "nervous breakdown"); **strictly encourages members to follow their physician's, social worker's, counsellor’s, psychologist's or psychiatrist's orders**. Fundamentally, Low believes "Adult life is **not** driven by instincts but guided by Will". Low's program is based on increasing determination to act, self-control, and self-confidence. It is about a modern, reasonable, and rational implementation of psychotherapy in every-day living. Recovery International is **A. A’s** "twelve-step friendly". Members of any twelve-step group are encouraged to attend Recovery International meetings in addition to their twelve-step group participation. **Dr. Abraham Low’s 4-Step Self-Help Recovery International Method,** extensively used by volunteers of Eklavya Foundation of Mental Health, is a type **of cognitive behaviour therapy**. Dr. Low described it in **1937**, **with his emphasis on** **self-help groups**, much before **Aaron Beck’s** formal use and consolidation of **cognitive behaviour therapy** in 1960s and 1970s.

 There are many other types of self-help groups and support groups, who employ different approaches involving psychological, social, cognitive, behavioural, mindfulness-based and spirituality-based theories, but these are not discussed here. Many of them use **“trained volunteer lay counsellors” and “volunteer mental health workers”** in their work. Their approaches certainly help enormously the **“normal” human beings, the mentally ill and their caregivers**. Many psychiatrists in India frown upon the involvement of lay people treatment programmes. They feel that only “legally qualified” mental health professionals can manage mental disorders. Some even think that it is “unethical” to be associated with lay people for this purpose. If lay people are briefly trained in counselling, supervised in early stages of their voluntary work, they can be effective tools in creating awareness about mental disorders and mental health. The concept of **“trained volunteer lay counsellors”** has been accepted in the developed countries. The extent and scope of the community mental health work is so vast **that unless these lay volunteers are involved, community mental health in India is going to remain only a slogan**. The involvement of “**volunteer mental health workers” and “trained volunteer lay counsellors”** has been accepted by many Non-Governmental Organization (N.G.Os.) working in the field of mental health in India. **The total effective work of these NGOs will collapse if these people are not involved in these NGOs routine work.** This fact has been accepted by many social psychiatrists such as Prof. R. Srinivasa Murthy, Prof. Vikram Patel, Dr. R. Thara and many others and also by many world authorities on social psychiatry and on community mental health. **It is also true that these lay mental health volunteers and counsellors will require some legal standing**; and it is hoped that the Amended Mental Healthcare Act of 2017 or a brand-new Mental Healthcare Act does make legal provisions for **such volunteer mental health workers** and **volunteer lay counsellors** to work in the field of mental health, and that Indian Psychiatric Society does take initiative in this regard. The recommendations regarding this matter, made to the Indian Psychiatric Society have gone in vain so far. **Volunteers working in the field of mental health can certainly be more effective and can certainly put in better quality of work than that of ASHA (Accredited Social Health Activists) workers, as these volunteers do not require any salary or emoluments for their participation in the community social work. They are doing this service for deriving personal satisfaction and happiness, so that their lives become more meaningful and the quality of their lives improves.**

 **For more information about Bibliotherapy, Mental Health and Feeling of Well-Being, various Interventions at the personal, family, community and at the national levels for the prevention of mental ill-health and for the promotion of mental health, Good parenting practices, Women’s mental health, How to improve the quality of life, Lifestyle diseases, Role of spirituality in mental disorders and mental health, the Eight-Step Programmes (“Ashtasutri”) for the mentally ill and their caregivers etc. the readers are requested to refer to the forthcoming “Eklavya Manual For The Family Members (Shubhankars) And The Mentally Ill (Shubharthies)”.**

How Does Eklavya Foundation for Mental Health (A Non-Governmental Organization or NGO) Function?

 **Raising Awareness**: One of the primary roles of Eklavya Foundation in advancing mental health is to raise awareness and destigmatize mental disorders and mental health issues. Globally misconceptions and prejudices surrounding mental ill-health persists, particularly so in India where literacy rate is rather low. These misconceptions are seen in literate people as well. These prevent many from seeking help for these problems. Eklavya works tirelessly to challenge these stereotypes, conducting campaigns, workshops and community outreach programmes to educate the community about mental disorders; the importance of seeking timely support; and treatment, if required. Eklavya also educates general population about how to achieve or improve mental health at an individual, family, community and at national levels.

 **As a strategy to improve the public awareness**, particularly awareness among the caregivers, Eklavya Foundation of Mental Health decided to hold whole day workshops in 2024 to be conducted by psychiatrists interested in social psychiatry and community psychiatry. The feedback responses of caregivers who attended those workshops have been encouraging and they have found these workshops useful in understanding how to handle their mentally ill in a more effective manner, without losing their calm and without high expressed emotions, leading to a better quality of the improvement in them and improvement in their mental health and the quality of their (mentally ill persons as well as family members) lives. **The Foundation plans** to hold such workshops in the different places of Maharashtra. It is hoped that the local psychiatrists from those places will participate in such workshop whole-heartedly to provide informational support to the caregivers and others in the community.

 **Prevention of Mental Ill-health**: **If we look at the psychological factors and social factors in the causation of mental disorders, it will be seen that most of these factors are imminently preventable by various interventions at personal, family, community and national levels.** Eklavya Foundation is keen to spread this message of prevention of mental ill-health to everybody in the general population. It is a constant endeavour of Eklavya Foundation to spread this message that mental ill-health is preventable and how to achieve this primary prevention by various interventions at different levels. As discussed earlier, there are about 30-35 crore of patients with mental ill-health in India, who require help to get over their mental disorders or mental health issues. By making use of the preventive measures suggested Dr. Norman Sartorius and other world and Indian authorities on the subject, if in 30-50% of these 30-35 crore mentally ill people, onset of mental disorders can be prevented, it will be a great leap forward in India.

 **Community-based Support Programmes**: Ekalavya understands the significance of community-based mental health support. It actively engages with local communities to create safe spaces for open discussions about mental health issues. Through self-help groups of the Shubharthies and support groups for Shubhankars, it provides these groups a place where they can get together and discuss the issues involved and provide informational, emotional and tangible support to each other. This also fosters in these groups a sense of belonging and understanding that is so very essential for those facing mental health challenges. It also provides counselling services and peer to peer initiatives for those who are in the need. In each of these self-help and support group meetings Shubhankar and Subharthies are explained Eight-Step Programmes (“Ashtasutri”) so that Shubharthies get well from their mental disorders/disorders and remain well (Rukadikar, A.; Rukadikar,M.; and Bhagwat,K.; 2025). This is something akin to 12-Step Programme of World-Wide Self-Help Groups of Alcoholics Anonymous (A.A.), which teaches alcoholics how to become and remain sober. This programme has helped many millions of alcoholics all over the world to achieve sobriety since its inception in 1935. These 8-Step Programmes are given in the first few pages in the forthcoming Eklavya Manual for the Caregivers (Shubhankars) and the Mentally Ill (Shubharthies).

 **Stigma Eradication**: There’s still a lot of stigmas revolving around mental illness. Stigma prevents people from seeking help for mental disorders and even for some minor mental health issues. It could be just a few sessions of counselling to full treatment of mental disorders by mental health professionals including psychiatrists. Stigma also poses a hurdle in the path of improvement of shubharthies. Stigma prevents the mentally ill to mingle freely with society and society to accept these people as equal members. Shubharthies and Shubhankar almost always have to fight for jobs, occupations and businesses, and in their day-to-day lives and even to struggle hard to maintain good interpersonal relationships. The root of this stigma lies in the lack of scientific knowledge about mental illness and our attitude towards looking at the people facing mental ill-health. The aim of this programme is to eliminate stigma attached to mental and physical disorders and disabilities so that these people can have equal opportunities, equal human rights and respect in the community, without feeling of being slighted.

 **Mental Rehabilitation**: Mental Rehabilitation, is also called as psycho-social-rehabilitation. Self-help groups for Shubharthies and Support groups for Shubhankars can be the second step of psycho-social-rehabilitation for the mentally ill after it has begun at the personal and family levels. Since the self-help groups comprises of people having similar problems, it is easier for them to mingle with others with similar problems; and then mix with others without such problems. Hence active participation of Shubharthies in these self-help groups certainly improves the quality of interpersonal relationships in the community and their adjustments with others certainly improves. Self-help groups also teach Subharthies to observe at their behaviour objectively and to learn the accepted modes of behaviour in the group and modes of behaviour which are not accepted by others in the group. It helps them to develop their lost self-confidence to face the society. When recovered Shubharthies narrates his/her problems and how he/she overcame these, it gives motivation to others in the group to make efforts in proper direction to get well and remain well and how to solve their own problems; first at an intellectual (thinking) level, then at an emotional level, and then at social level.

 **Giving Voice to the Mentally Ill to Express Themselves**: Ekalavya undertakes various activities to give voice to the mentally ill to express themselves. It is through free and frank discussions in various groups on issues of concern and sensitive issues, narrating their own inspirational stories, radio talks, asking questions and getting their doubt clarified by members and volunteers of Eklavya Foundation and other experts; or through writing their own stories about their struggles and how they got over these, inspirational stories about how they came out of their mental disorders, publishing these stories in Eklavya newsletters, in print media, phoenix stories, booklets, books, TV interviews, etc.; Expressing themselves through drawing and painting, creating posters about mental health, singing and music, poetry, through games and sports, etc. and these get published as well.

 **Technology and Tele-counselling Initiative**: In an era dominated by technology, Eklavya Foundation harnesses digital platforms to reach individuals in need of mental health support. Tele-counselling initiative enables remote counselling and therapy sessions, making mental health services accessible to those in remote or underserved areas. The NGO leverages technology not only to provide immediate assistance but also to promote mental health awareness through online campaigns and resources. This also enables participation of experts in the various online programmes.

 **Educational Activities**: Internship programmes for students or various diverse branches interested in working in the mental health sector, Lectures in the schools and colleges on mental health, Training programmes for lay volunteers and counsellors, who want to work for community mental health programmes, community-based rehabilitation programmes, etc. This is mainly done for capacity building to fill up the wide ‘treatment gap’ seen in mental health care in India. It is being explored that if university affiliation is obtained for these short courses, this will motivate many students to take up these courses. Hopefully these courses will enable these students to work in the field of mental health, apart from their own graduate/post-graduate qualifications, and become employable in Government as well as private and NGOs sectors.

 **Encouraging Others to Participate in Mental Health Activities**: Encouraging Shubharthies and Shubhankar to participate actively in all activities of Eklavya Foundation, encouraging Shubharthies and Shubahankar to start self-help and support groups in the cities/areas where they reside to help others, encouraging people to give back to the community what good things they have received from it, encourage people to become vocal advocates, volunteers, counsellors for mental health. They can even think about starting their own NGOs for these. This will have a domino effect in creating workers for the community mental health programmes, which are so much needed in large numbers in India to man these mental health activities in the communities in each area of big cities, towns and villages.

 **Remain Connected with Other Mental Health NGOs**: This is for National and Global Advocacy for Mental Health Policy reforms. By working closely with Governments, NGOs can push for the allocation of resources to mental health services to provide psychological first aid, counselling services, and long-term support for affected populations. This will help in the research of social and psychological determinants of mental ill-health and the policy decisions that need to be taken to change these determinants to make a mentally healthy society. This will also give all Mental Health NGOs impetus **to get some legal status to work** in the areas of prevention of mental ill-health, promotion of mental health, community-based rehabilitation; and in actively involving lay people in counselling services which is so essential for mental health; and without whose participation community mental health programmes can never be advanced by accredited mental health professionals alone. **The work of these N.G.Os is contributory to the work of qualified and accredited mental health professionals (psychiatrists, psychologists, social workers, counsellors, nurses, etc.) and it is not an alternative to these mental health professionals’ work. It will be a shame if we do not utilize this willing human resource for the improvement in the communities’ and our nation’s mental health.**

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